

amount that health care providers are getting, will it not make it even more difficult for people like Professor Bergin and the others across Texas, whether it is in Houston, LaGrange, or Lubbock, or anyplace else in this country for that matter, will it not make it more difficult for them to find a physician that will take care of their needs?

Mr. BENTSEN. I think you are absolutely right. I think the fewer doctors who participate in the system, the harder it will be, particularly on rural communities and smaller urban communities, where there will be even fewer doctors who are willing to participate in the system.

I think there is another problem that comes into play here. By moving more people into health maintenance organizations, which again let me say, Medicare Select under current law already provides that choice, but what happens when you move more and more people into that system, basic macroeconomics will tell us that you will start to lose the efficiencies, and you will start to lose the ability to save costs or save money under that system. Therefore, I think that the projected cost savings from moving to an HMO system, where seniors do not have a choice of their doctors, are probably not correct. They are probably inflated. It is very hard to make those projections in the first place.

I think if you move from having 7 percent of the elderly population which are currently in managed care plans going to 90 percent, as is the desire of this legislation, that the cost savings that thus have been achieved will not carry forward at that time.

Mr. DOGGETT. I thank you very much for your observations and very helpful comments and, of course, your service here on behalf of all of the people of the Houston area and of our whole State.

My comments, of course, this afternoon and those of my colleagues have focused on the Republican pay-more-get-less Medicare plan. But I want to take just a moment here in concluding to tell people who are out there, who are thinking "Well, they really cannot do that. They really cannot intend to make the kind of cuts that they are making to the American people," that they have not heard it all yet. Yesterday, about the same time that the great American hero, the gentleman from Florida, SAM GIBBONS, was being denied across the hall even a chance to mutter a few words in defense of Medicare and to raise questions about why these hearings were not occurring, another of our committees here in the House was considering a plan concerning Medicaid.

Most people think of Medicaid as being a program that provides assistance to the poorest of Americans, and it is true that it does; but it also, because of some need for improvement in the Medicare system, is about the only way that seniors and people with disabilities can get nursing home cov-

erage. Most of the people that are in nursing homes today, who do not have substantial means, are there with support from Medicaid.

There is another thing that comes out of that system Of Medicaid. That is that the Federal Government establishes some patient abuse standards, some safety standards in our nursing homes that they have to meet in order to receive Medicaid funds.

Yesterday, at the same time that a slash effort was going on with reference to Medicare, another committee was slashing in Medicaid. Now, if that committee's handiwork becomes law, there will not be one Federal regulation on the books to assure the quality of patient care at nursing homes in this country. I think that by itself is an outrage, that there are people who have become so committed to a rigid ideological agenda that they have forgotten their good sense, they have forgotten our responsibility to protect vulnerable seniors. It seems that the only time people get interested in some nursing homes is when someone is found with abuse, with a death occurring. That is not the way it ought to be.

There are many fine nursing homes out there doing their best to provide quality care, but there are always some that try to skim, and it is only with the support of these Federal safety standards, and some inspections, that we have been able to address some of the worst of these abuses, and now that will be totally eliminated.

As if that were not enough, the same Committee on Ways and Means that did not want to hear about Medicare yesterday has, within the last several days, approved a proposal that will encourage corporations to withdraw as much as \$40 billion from their pension plans, \$40 billion from their pension plans, something that people who are not only retired now but may hope, like many of us, to retire some day in the future, should be amply concerned about. There are a number of troubling developments that only by Americans speaking out and making their concerns known are we going to be able to change.

As for the Republican pay-more-get-less Medicare plan, lest anyone think that I have a partisan attitude on that plan, let me end by quoting a Republican who was on the radio this week, September 19, Kevin Phillips. He said of his fellow Republicans' Medicare plan: "Today's Republicans see Federal Medicare outlays to old people as a treasure chest of gold for partial redirection in their favorite directions: toward tax cuts for deserving corporations and individuals. The revolutionary ideology driving the new Republican Medicare proposal is simple: Cut the middle class and give back the money to the high-income taxpayers." That is the problem we face, but Americans can turn it around.

COMMUNICATION FROM THE HONORABLE JOSEPH M. McDADE, MEMBER OF CONGRESS

The SPEAKER pro tempore (Mrs. MYRICK) laid before the House the following communication from the Honorable JOSEPH M. McDADE, Member of Congress:

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
Washington, DC, September 21, 1995.

Hon. NEWT GINGRICH,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule L(50) of the Rules of the House that a member of my staff has been served with a subpoena for testimony and the production of documents by the Court of Common Pleas, Lackawanna County, State of Pennsylvania in connection with a civil case.

After consultation with the office of the General Counsel, I have determined that compliance with the subpoena is consistent with the privileges and precedents of the House.

Sincerely,

JOSEPH M. McDADE,
Member of Congress.

THE IMPORTANCE OF REDISTRICTING DECISIONS IN GEORGIA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia [Ms. MCKINNEY] is recognized for 60 minutes.

Ms. MCKINNEY. Madam Speaker, I come again this afternoon as a continuing part of my mission. That mission involves the educational process around the issue of redistricting, and why what is happening in Georgia is so important, not just for the people of Georgia, but for all of the people of this country who value democracy, who value the opportunity for all people who call themselves American citizens to be able to sit at the table of public policymaking and feel that they have an investment in the decisions that are being made about this country.

I want to begin by commending the members of the Georgia Legislative Black Caucus, who have endured a tremendous trial during the recently disbanded, recently adjourned special session. The United States Supreme Court ruled that Georgia's 11th Congressional District was unconstitutional, and as a result of that decision, the Governor of the State of Georgia called the Georgia Legislature into special session. The purpose of the special session was to redraw the congressional districts to correct those flaws that the Supreme Court found, particularly in the 11th Congressional District of Georgia, but also, in the call for congressional redistricting, the Governor included legislative redistricting.

There had been no lawsuit against the State legislative districts. There had been no finding of unconstitutionality against those districts, but for some reason, some predetermined reason, those districts were included in the call. So begins the tragic story of